Provider Number	Hospital Name	Address 1
020001	PROVIDENCE ALASKA MEDICAL CENTER	BOX 196604
020017	ALASKA REGIONAL HOSPITAL	2801 DEBARR ROAD
020026	ALASKA NATIVE MEDICAL CENTER	4315 DIPLOMACY DR

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Address 2	Address 3	City	State
		ANCHORAGE	AK
		ANCHORAGE	AK
		ANCHORAGE	AK

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ZIP Code	County Name	Phone Number
99519	ANCHORAGE	9072613675
99508	ANCHORAGE	9072761131
99508	ANCHORAGE	9075632662

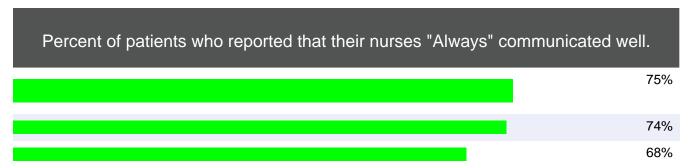
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Percent of patients who reported that their nurses "Sometimes" "Never" communicated well.	or
	5%
	6%
	7%

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Percent of patients who reported that their nurses "Usually" commu	unicated well.
	20%
	20%
	25%

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Percent of patients who reported that their doctors "Sometimes" or "Never" communicated well.	
	6%
	6%
	7%

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Percent of patients who reported that their doctors "Usually" communicat	ed well.
	17%
	17%
	22%

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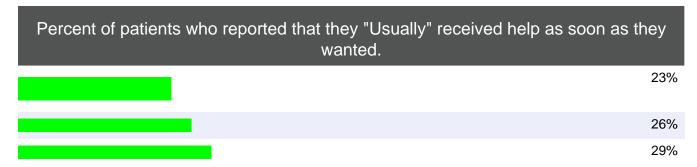


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Percent of patients who reported that they "Sometimes" or "Never" received help as	5
soon as they wanted.	

9%
10%
11%

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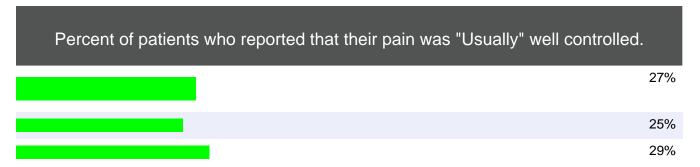
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Percent of patients who reported that their pain was "Sometimes" or "Never' controlled.	well
	5%
	8%
	6%

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Percent of patients who reported that staff "Sometimes" or "Never" explained medicines before giving it to them.	about
	18%
	23%
	18%

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Percent of patients who reported that staff "Usually" explained about medic before giving it to them.	nes
	20%
	19%
	21%

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Percent of patients who reported that their room and bathroom were "Sometimes "Never" clean.	s" or
	10%
	11%
	18%

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Percent of patients who reported that their room and bathroom were "Usually"	clean.
	22%
	21%
	23%

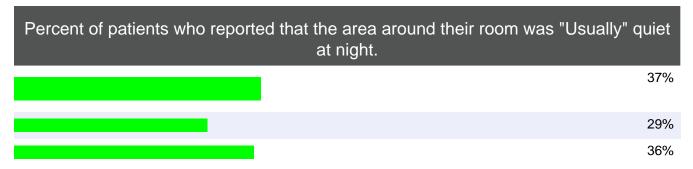
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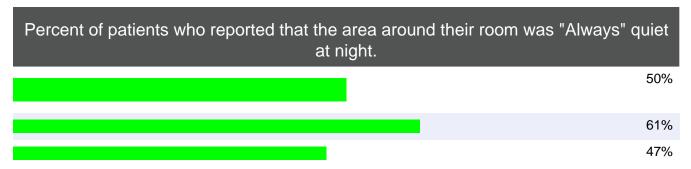
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Percent of	oatients who reported that the area around their room was "Sometimes" or "Never" quiet at night.
	13%
	10%
	17%

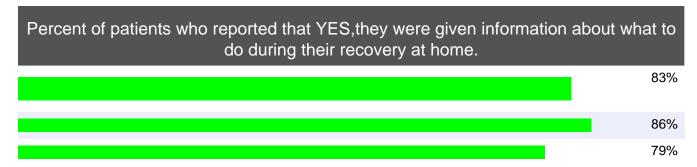
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Percent of patients who reported that they were not given information about what to do during their recovery at home.

17% 14% 21%

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Percent of patients who gave their hospital a rating of 6 or lower on a scale from 0 (lowest) to 10 (highest).

7	7%
9	9%
10	0%

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Percent of patients who gave their hospital a rating of 7 or 8 on a scale from 0 (lowest) to 10 (highest).

22% 24% 35%

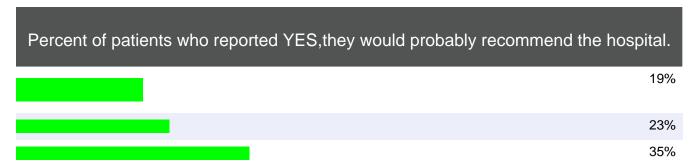
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Percent of patients who reported NO, they would not recommend the hospital.	
	3%
	7%
	5%

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Number of Completed Surveys

300 or more

300 or more

300 or more

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Survey Response Rate Percent	Hospital Footnote
29%	
40%	
20%	

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